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practice

LINKS



Continuing professional development

‘Bearing the Unbearable: the psychological heart of child protection work’

Professor Andrew Cooper and Dr Tim Dartington

Wednesday March 2nd, 2016

The Anvil Training Room, The Bessborough Centre, Cork, 11am-1.30pm, €35.00

The Bessborough Centre is delighted to welcome Dr Tim Dartington and Professor Andrew Cooper to give a morning seminar on March 2nd. This seminar will draw on recent research into practitioners’ experiences of doing front line child protection work to highlight the emotional demands and impact on workers, and the challenges this creates for organisations if they are to protect their staff in turn. Social workers carry a largely unacknowledged burden on behalf the rest of society to be prepared to ‘think the unthinkable’ about what may be happening inside some families – severe neglect, cruelty, torture and sadism towards young children. In England, this work is always undertaken in ‘the shadow’ of our history of well publicised child deaths. The anxieties of the work are acute and pervasive. Can we, in our turn, bear to acknowledge the impact this may have on staff, and can our organisations provide adequate ‘boundary conditions’ for helping everyone to ‘bear the unbearable’?

Andrew Cooper is Professor of Social Work at the Tavistock and Portman NHS, and University of East London with special interests in therapeutic and relationship based practice, clinical and practice near research, alternative approaches to public policy analysis and development, and the politics of psychotherapy. Andrew is a qualified and registered psychoanalytic psychotherapist, and a registered social worker. He practices as a clinical social worker in the Adolescent Family Therapy Service of the Trust. Andrew founded the Centre for Social Work Practice which is a charity dedicated to promoting and developing relationship based social work (www.cfswp.org).

- Professor Andrew Cooper is based primarily at the Tavistock & Portman NHS Foundation Trust where he leads the Professional Doctorates in Social Work and Social Care, teaches on the MA Qualifying social work programme and also the Post Qualifying Masters in social work. He supervises many professional doctorate students in social work and other disciplines such as child psychotherapy, and has an overall responsibility in the Trust for developing methodologies and approaches to clinical and practice research appropriate to ‘practice near’ studies.

Andrew is a qualified and registered social worker who practised as a local authority fieldworker, a residential child care worker, and then taught and led social work programmes at Brunel University College until 1996 when he was appointed to his current role at the Tavistock/UEL.

Tim Dartington is a group and organisational consultant. He has a PhD for his work on developing a systems psychodynamic approach to health and social care and is the author of *Managing Vulnerability, the Underlying Dynamics of Systems of Care* (Karnac, 2010).

For more information, email training@bessborough.ie / nosullivan@bessborough.ie or call (021) 435 7730

IASW Social Work Awards

WORLD SOCIAL WORK DAY
MARCH 15, 2016



Societies thrive when the
dignity and rights of all
peoples are respected

**SOCIAL WORKERS TOWARDS
AN UNDIVIDED HUMANITY.**



www.ifsw.org

<https://www.iasw.ie/event.aspx?contentid=5091>

<http://ifsw.org/world-social-work-day-2016/>

Continuing professional development

The 11th International Practice Education Conference on Practice Learning and Field Education: 'Assessing with Confidence: Supporting Learning and Assessment in Practice'

Belfast from 4th – 6th April 2016 at the Europa Hotel

The Conference organisers are seeking proposals for this interdisciplinary conference and hope that by holding the Conference in Belfast they will attract participation from across Ireland. Registration is now open at <http://conferences.whitingbirch.net/>. Guidelines for proposals are on the Conference website and I think the closing date for proposals is 30th November.

IASW update Private Supervision Guidelines & Supervisor List

The IASW has recently updated its guidance document for social workers seeking private supervision as well as its supervisor list. You can visit the CPD section of <http://www.iasw.ie> for further information and to view the documents. We would welcome applications from IASW members who meet the requirements for supervisors and who wish to make themselves available to offer supervision. Contact office@iasw.ie for further details.

Dates for your Diary

The IASW Special Interest Group on Practitioner Research will be hosting its first Social Work Practitioner Research Conference on Friday 22nd April in UCC. Keynote Speaker will be Professor Elaine Sharland, Professor of Social Work Research, University of Sussex. Further details and a call for papers will be issued shortly.

IASW National Social Work Conference, AGM & Social Work Awards 2016

The IASW National Social Work Conference, AGM & Social Work Awards 2016 will take place on 17th June this year at Croke Park. Further details will be announced shortly on www.iasw.ie.
<https://www.iasw.ie/event.aspx?contentid=5090>

Continuing professional development



the bessborough centre
expertise in family development

workshop series 2016

Attachment & Psychopathology

Tuesday 5th - Thursday 7th April 2016

Led by Dr Patricia McKinsey Crittenden, academic and practitioner in the fields of child abuse, attachment theory and family therapy.

Dr Patricia McKinsey Crittenden has published more than 100 scientific papers and several books and is well known for having developed the Dynamic Maturational Model (DMM) of attachment and adaptation. Dr Crittenden studied with Mary Ainsworth and John Bowlby, and is a founder of the International Association for the Study of Attachment (IASA).

This course examines development from infancy to adulthood and the process of adaptation and developmental pathways that carry risk for psychopathology. It focuses on development, prevention and treatment of psychological disorder. The evidence-based approach uses the Dynamic-Maturational Model of attachment and adaptation which is highly relevant to individuals who are at-risk, have been exposed to danger, display disturbed or maladaptive behaviour, or are diagnosed as having a psychiatric disorder.

The interactive course, led by Dr Crittenden, is intended for professionals, including psychiatrists, psychologists, social workers, therapists and nurses who work with troubled families or individuals.

Which new skills will you take away from this programme?

- Functional formulation: moving beyond diagnosis to understanding behaviour
- Treatment planning: choosing efficient & effective treatment strategies
- Identifying false-positive affect: uncovering hidden problems in their early stages
- Differentiating symptoms and self-protective strategies specifying how symptoms function

Course Schedule

Day 1 Tuesday 5th April 2016

Morning Evolution, danger & brain
Afternoon CARE-Index videotapes
Child abuse and neglect
Psychosis and trauma in parents

Wednesday 6th April

Morning Pre-school development & the DMM
The coercive & self-protection strategies
Cross-generational transformations
Treatment in the pre-school years
Afternoon School-age: Peers, obsessive & deceptive strategies
Culture: Gender development & parental roles
Conduct problems and psychotic intrusions
Treatment: Recommended & risky practices

Day 3 Thursday 7th April

Morning Adolescence: Integrating sexuality with attachment
Sexual disorders & sexual offending
Eating and personality disorders
Transition to adulthood attachment interview
Dangerous gaps in services & preventative opportunities
Afternoon Differential treatment
Violence and criminality
Family drawings
Adulthood attachment interview
Summary & overview

This Attachment & Psychopathology course is foundational and is a pre-requisite for all DMM assessment courses such as:

The Adult Attachment Interview (AAI, 25 yrs & upwards), Preschool and School-age Assessment of Attachment (PAA 2-5 years and SAA 6-13 years) and Transition to Adulthood Interview (TAAI 16-25yrs).

Attachment & Psychopathology 5th-7th April 2016 booking form - PLEASE WRITE CLEARLY!

Name: _____ Email: _____

Job title: _____ Organisation: _____ Tel: _____

Fee: €420 (inclusive of lunch, tea/coffee and all materials).

A reduced fee of €370 will apply before March 1st 2016. With groups of 4 or more the fee is €320 per place.

Return booking form with payment by bank transfer using your surname as reference to the Bessborough Centre, AIB Ltd. Douglas, Cork, BIC: AIBKIE2D & IBAN: IE25AIBK93434813154068. Payments are non-refundable.

For more information, email: training@bessborough.ie call: 021 435 7730 or visit www.bessborough.ie

IASW Social Work Awards

IASW Social Work Awards 2016

Nominations now open to celebrate excellence in social work practice.

The awards, which are in the second year will show case some of the most innovative and pioneering work being carried out by social workers in Ireland.



The calibre of the finalists and winners for 2015 was most impressive and demonstrated the excellence practice undertaken by social workers.

This year there are 5 categories:

- Newly Qualified Social Worker of the Year
- Social Worker of the Year
- Practice Teacher of the Year
- Social Work Team of the Year
- Social Work Researcher of the Year

The awards are open to teams employing social workers or individual social workers who are currently working in statutory, voluntary, private, education and training sectors in Ireland.

The awards recognise and reward the efforts of social workers and highlight the positive impact of the profession on individuals, families and communities.

Entry forms and the information pack are now available on IASW website. The closing date for entries is 31 March 2016.

<https://www.iasw.ie/news-post.aspx?contentid=5319>



4th Biennial International Symposium

Decisions, Assessment, Risk and Evidence in Social Work

Tue 05 & Wed 06 July 2016
Templeton Hotel, Templepatrick, Northern Ireland
(convenient to Belfast International Airport)

Plenary Speakers:

Professor Dr Gerd Gigerenzer is Director of the Harding Center for Risk Literacy and Director of the Center for Adaptive Behavior and Cognition (ABC) at the Max Planck Institute for Human Development, Berlin, Germany, where he leads world-leading research on heuristic models of decision making.

Dr John Fluke is Associate Director of Systems Research & Evaluation, and Associate Professor at the Kempe Center for the Prevention of Child Abuse and Neglect, University of Colorado, USA. He is internationally recognized as a researcher specializing in assessing and analyzing decision-making particularly in child welfare and mental health services for children.

Mandeep K. Dhami, PhD is Professor of Decision Psychology at Middlesex University, London. She is an expert on decision-making, risk and uncertainty, particularly within the criminal justice sector.

Further information on DARE 2016 including a call for abstracts will be added to our website over the coming months: www.socsci.ulster.ac.uk/lrss/dare2016/. If you would like your name to be added to the list for publicity please email: **Mrs Sharon Lucas** at: dare@ulster.ac.uk.

This fourth DARE symposium builds on the third symposium in July 2014 which brought together 125 delegates from eleven countries including senior practitioners, managers, policy makers, researchers and those in education and training.

Continuing professional development

Registration is Open

21st ISPCAN International Congress, 28-31 August, 2016, Calgary, Canada

Join an expected 1000 child protection professionals from around the world in Calgary, Canada, for the 21st ISPCAN (International Society for the Prevention of Child Abuse and Neglect) Congress. The theme of the conference is 'Protecting our children, protecting our future.' Registration and full details at: <http://ispcan2016.com/>



Masters (MSocSc) in Voluntary and Community Sector Management at University College Cork (Level 9)

Recruitment for University College Cork's Masters in Voluntary and Community Sector Management is now open.

This Masters is offered to voluntary and community sector workers who have experience of project co-ordination and who would like to improve their knowledge and skills base. The course may also be of interest to public sector workers who work closely with the voluntary and community sector.

Starting in September 2016, the course is taught one day a week (Wednesday 10.00-4.30) over two years. Eight different Depts across UCC contribute 13 different modules to the programme - Applied Social Studies, Law, Management, Business Information Systems, Accounting, Economics, Government, Food Business and Development.

The cost of the programme is €3080 per annum.

Further information on this programme is available on our online prospectus at www.ucc.ie/en/CKE75, or by contacting Dr. Féilim Ó hAdhmaill, School of Applied Social Studies, on 021 490 2616 or email f.ohadhmaill@ucc.ie

Applications can be made online through the Postgraduate Admissions Centre at <http://www.pac.ie>.



PhD in Social Work Starts September 2016



The **PhD in Social Work** recognises that social workers are best placed to identify the research needs of the profession. Drawing upon international models of excellence, social workers will be introduced to innovative research methods and supported to complete a PhD thesis. Through a reflective model of teaching and learning, social workers will experience a doctoral programme that values peer-learning and dialogue in addition to research methods training and excellent tutorial supervision.

For social workers

You will make an important contribution to social work knowledge and will develop the expertise to critically examine contemporary social issues and practice responses that seek to enhance the lives of service-users in diverse settings. You will be in a strong position to pursue career opportunities nationally and internationally. These include careers in research, policy and practice development, management, education and CPD training.

For employers

Whilst on the programme, your staff member will generate evidence-based research important to your agency. These include research on programme design; effectiveness and implementation; assessment practices; service-user engagement; and organisational change.

Duration and fees

We recognise the need for flexibility. The programme takes a minimum of three years (full-time). Students can opt to complete in 6 years by enrolling part-time. Fees in 2015-6: €5,770/annum (€2,885/annum P/T). You may also choose to transfer and exit with an MPhil after two-years (full-time).

For further information

<http://www.ucc.ie/en/appsoc/ps/courses/doc/phdsocwork/>

Dr Eleanor Bantry White, e.bantrywhite@ucc.ie
+353 21 4902271

Dr Simone McCaughren s.mccaughren@ucc.ie
+353 21 4901887

Applications through <http://www.pac.ie>
CKH91 – full-time
CKH92 – part time

We will offer support to you in developing your practice interests into good research questions and will guide you through the PhD application process.

New publications and policy reports

Position Paper on the ICD-10 Revision by Mental Health Europe (November 2015)

For many years Mental Health Europe, has been calling for wider recognition of the crisis of confidence in the increasingly biological/neurological approach taken by Western psychiatry as well as for action in order to change this culture within mental health services. We advocate for a human rights-based approach to health and disability and, as underlined in the United Nations Convention on the Rights of Persons with Disabilities, the participation of persons with psychosocial disabilities and persons with mental health problems in decisions which affect their lives. Therefore, MHE believes that a key shift in mental health culture should involve the taking into account of the views, rights and lived experience of users of these services. In this regard, one of the main points of focus for MHE is the forthcoming revision of the International Classification of Diseases (ICD 10) which will become ICD-11 when it is adopted by the World Health Assembly in 2018.

Link to position paper: http://www.mhe-sme.org/fileadmin/Position_papers/MHE_Position_Paper_on_ICD-10_Revision.pdf

Link to Call for Action: http://www.mhe-sme.org/fileadmin/Position_papers/MHE_Call_for_Action_ICD_10.pdf

GE2016 Key Asks for Political Manifestos by Children's Rights Alliance (December 2015)

The Children's Rights Alliance developed a "key asks" document for all political manifestos ahead of this years general election.

Link to the manifesto: http://www.childrensrights.ie/sites/default/files/submissions_reports/files/GE2016%20Key%20Asks%20for%20Political%20Manifestos.pdf

Handbook on European Law Relating to the Rights of the Child by the Fundamental Rights Agency (November 2015)

Children are full-fledged holders of rights. They are beneficiaries of all human and fundamental rights and subjects of special regulations, given their specific characteristics. This handbook aims to illustrate how European law and case law accommodate the specific interests and needs of children.

Link to the handbook: http://fra.europa.eu/sites/default/files/fra_uploads/fra-ecthr-2015-handbook-european-law-rights-of-the-child_en.pdf

The Distribution of Wealth in Ireland by Cormas Staunton TASC (December 2015)

This report contributes to our understanding of the distribution of wealth in Ireland by analysing new data from the CSO's "Household Finance and Consumption Survey". It compares the results to a number of other studies of the distribution of wealth in Ireland. The results show that wealth is highly concentrated, with 72.7% of net wealth held by the top 20% , which is higher than the Euro Area average of 67.6%. The bottom half of the distribution has around 5% of wealth (4.9%).

Link to the report: http://www.tasc.ie/download/pdf/the_distribution_of_wealth_in_ireland_final.pdf?issuusl=ignore

New publications and policy reports

National standard demographic dataset and guidance for use in health and social care settings in Ireland by HIQA (February 2016)

The National Standard Demographic Dataset and Guidance, first published by HIQA in 2013, presents health and social care service providers with a standard core set of data elements to support the consistent, complete, and accurate recording of information for each service user.

Link to the dataset: <https://www.hiqa.ie/publications/national-standard-demographic-dataset-and-guidance-use-health-and-social-care-setting-1>

The Public Health (Alcohol) Bill 2015 by the Government of Ireland (December 2015)

The Public Health (Alcohol) Bill was approved by Government on 8th December. The bill aims to reduce alcohol consumption in Ireland to 9.1 litres per person per annum by 2020 and to reduce the harms associated with alcohol. The Bill consists of 29 sections and includes five main provisions. These are: minimum unit pricing; health labelling of alcohol products; the regulation of advertising and sponsorship of alcohol products; structural separation of alcohol products in mixed trading outlets; and the regulation of the sale and supply of alcohol in certain circumstances.

Link to the bill: <http://health.gov.ie/wp-content/uploads/2015/12/PHAB-2015-as-published.pdf>

Health in Ireland Key Trends 2015 by the Department of Health (December 2015)

Health in Ireland Key Trends gives us insights into trends in demographics, population health, hospital and primary care and health service employment and expenditure.

The presentation of trend data over the last decade in the 2015 report highlights the many significant achievements that Ireland has made in terms of key outcomes relating to the health and wellbeing of the population. However, it also highlights the challenges that persist in terms of the accessibility of timely healthcare and in the context of financial constraints.

Link to the report: http://health.gov.ie/wp-content/uploads/2015/12/Health_in_Ireland_KeyTrends2015.pdf

Strategy Statement 2016-2018 by The Irish Human Rights and Equality Commission (January 2016)

The first Strategy Statement of the Irish Human Rights and Equality Commission was launched by Chief Commissioner Emily Logan on Tuesday, Jan 26th 2016 in City Hall, Dublin.

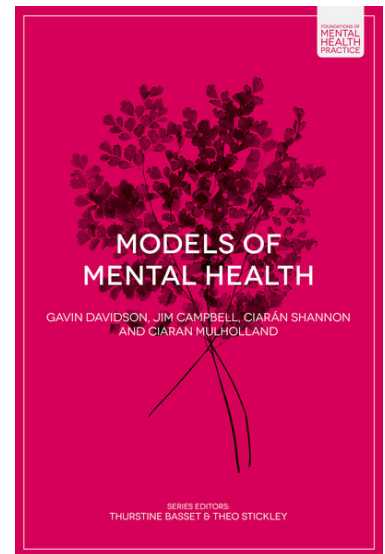
The Commission's first Strategy Statement covers the period 2016 – 2018 and sets out the strategic goals to guide our work over the next three years. The purpose of this strategy is to contribute to an inclusive Ireland where human rights and equality are respected, protected and fulfilled for everyone, everywhere.

Link to strategy: <http://www.ihrec.ie/download/pdf/strategystatement.pdf>

New publications and policy reports

Models of Mental Health

A new book, *Models of Mental Health*, presents a critical overview of the main theoretical perspectives relevant to mental health practice. The book argues that no one theory provides a comprehensive framework for practice and in turn it examines traditional models of mental health as well as new and challenging ideas in the field. It was written by a multidisciplinary team of Gavin Davidson (Social Work, Queen's University Belfast), Jim Campbell (Social Work, University College Dublin), Ciarán Shannon (Psychology, QUB) and Ciaran Mulholland (Psychiatry, QUB). It's part of a new series published by Palgrave MacMillan called the Foundations of Mental Health Practice. More details at <https://he.palgrave.com/series/foundations-of-mental-health-practice/FMHP/>



What the Hell Happened to My Brain: Living Beyond Dementia

Kate Swaffer was just 49 years old when she was diagnosed with a form of younger onset dementia. In this book, she offers an all-too-rare first-hand insight into that experience, sounding a clarion call for change in how we ensure a better quality of life for people with dementia.

Kate describes vividly her experiences of living with dementia, exploring the effects of memory difficulties, loss of independence, leaving long-term employment, the impact on her teenage sons, and the enormous impact of the dementia diagnosis on her sense of self. Never shying away from difficult issues, she tackles head-on stigma, inadequacies in care and support, and the media's role in perpetuating myths about dementia, suggesting ways in which we can include and empower people with the diagnosis. She also reflects on the ways in which her writing and dementia advocacy work have taken her on a process of self-discovery and enabled her to develop a new and meaningful personal identity.

<http://www.jkp.com/uk/what-the-hell-happened-to-my-brain-33883.html/>



New publications and policy reports

CRC/C/IRL/CO/3-4

ADVANCE UNEDITED VERSION

Distr.: General
29 January 2016

Original: English

Committee on the Rights of the Child

Concluding observations on the combined third and fourth periodic reports of Ireland*

I. Introduction

1. The Committee considered the combined third and fourth periodic reports of Ireland (CRC/C/IRL/3-4) at its 2064th and 2066th meetings (see CRC/C/SR.2064 and 2066), held on 14 January 2016, and adopted the following concluding observations at its 2104th meeting (see CRC/C/SR.2104), held on 29 January 2016.

2. The Committee welcomes the submission of the combined third and fourth periodic reports of the State party (CRC/C/IRL/3-4) and the written replies to the list of issues (CRC/C/IRL/Q/3-4/Add.1), which allowed for a better understanding of the situation of children's rights in the State party. The Committee expresses appreciation for the constructive dialogue held with the high-level and multisectoral delegation of the State party.

II. Follow-up measures undertaken and progress achieved by the State party

3. The Committee welcomes the ratification of the:

(a) Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure, in 2014; and,

(b) Domestic Workers Convention (No. 189) of the International Labour Organization (ILO), in 2014.


4. The Committee notes with appreciation the adoption of the following legislative measures:

(a) Thirty-First Amendment of the Constitution (Children) Act 2012 (signed into law in 2015): to expressly recognise children as rights holders under the Constitution;

(b) The Children First Act 2015: to improve child protection measures;

* Adopted by the Committee at its seventy-first session (11 -29 January 2016).

GE.

Please recycle 

Halton, C., & Powell, F., & Scanlon, M. Continuing Professional Development in Social Work. Chicago, Illinois. Policy Press c/o The University of Chicago Press. (Also, Bristol, UK. Policy Press.)

I am delighted to recommend this book that unabashedly asserts the imperative of lifelong learning in social work practice and underscores the critical contribution of professional development activities to both improved service delivery and professional survival in the field. With broad applicability to practicing social workers and schools of social work around the world, this evidenced resource aims to define not only *what* continuing professional development (CPD) is, but why we, as social workers, should care about it. In the context of neoliberal politics and new managerialism in health and social care organizations, it is immensely important to critically examine the definition of CPD as well as its stated and unstated goals. Kudos to the team at University College Cork for uncovering the current state of CPD in Ireland and for elucidating the impact of multiple CPD stakeholder agendas on its ongoing provision. The book has convinced me of the essential role of CPD in sustaining the very nature of the social work profession as we move forward to educate social workers for practice within the “uncertain landscape of postmodernity”(p.186) Such a contribution is invaluable.

Brenda L. Morris MSW, RSW Practicum Coordinator and Instructor, School of Social Work, Carleton University, Ottawa, Canada.

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Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations



by Sam T Creavin, Susanna Wisniewski, Anna H Noel-Storr, Clare M Trevelyn, Thomas Hampton, Dane Rayment, Victoria M Thom, Kirsty J E Nash, Hosam Elhamoui, Rowena Milligan, Anish S Patel, Demitra V Tsivos, Tracey Wing, Emma Philips, Sophie M Kellman, Hannah L Shackleton, Georgina F Singleton, Bethany E Neale, Martha E Watton, Sarah Cullum
(January 2016)

Abstract

Background

The Mini Mental State Examination (MMSE) is a cognitive test that is commonly used as part of the evaluation for possible dementia.

Objectives

To determine the diagnostic accuracy of the Mini-Mental State Examination (MMSE) at various cut points for dementia in people aged 65 years and over in community and primary care settings who had not undergone prior testing for dementia.

Search methods

We searched the specialised register of the Cochrane Dementia and Cognitive Improvement Group, MEDLINE (OvidSP), EMBASE (OvidSP), PsycINFO (OvidSP), LILACS (BIREME), ALOIS, BIOSIS previews (Thomson Reuters Web of Science), and Web of Science Core Collection, including the Science Citation Index and the Conference Proceedings Citation Index (Thomson Reuters Web of Science). We also searched specialised sources of diagnostic test accuracy studies and reviews: MEDION (Universities of Maastricht and Leuven, www.mediondatabase.nl), DARE (Database of Abstracts of Reviews of Effects, via the Cochrane Library), HTA Database (Health Technology Assessment Database, via the Cochrane Library), and ARIF (University of Birmingham, UK, www.arif.bham.ac.uk). We attempted to locate possibly relevant but unpublished data by contacting researchers in this field. We first performed the searches in November 2012 and then fully updated them in May 2014. We did not apply any language or date restrictions to the electronic searches, and we did not use any methodological filters as a method to restrict the search overall.

Selection criteria

We included studies that compared the 11-item (maximum score 30) MMSE test (at any cut point) in people who had not undergone prior testing versus a commonly accepted clinical reference standard for all-cause dementia and subtypes (Alzheimer disease dementia, Lewy body dementia, vascular dementia, frontotemporal dementia). Clinical diagnosis included all-cause (unspecified) dementia, as defined by any version of the Diagnostic and Statistical Manual of Mental Disorders (DSM); International Classification of Diseases (ICD) and the Clinical Dementia Rating.

Data collection and analysis

At least three authors screened all citations. Two authors handled data extraction and quality assessment. We performed meta-analysis using the hierarchical summary receiver-operator curves (HSROC) method and the bivariate method.

Main results

We retrieved 24,310 citations after removal of duplicates. We reviewed the full text of 317 full-text articles and finally included 70 records, referring to 48 studies, in our synthesis. We were able to perform meta-analysis on 28 studies in the community setting (44 articles) and on 6 studies in primary care (8 articles), but we could not extract usable 2 x 2 data for the remaining 14 community studies, which we did not include in the meta-analysis. All of the studies in the community were in asymptomatic people, whereas two of the six studies in primary care were conducted in people who had symptoms of possible dementia. We judged two studies to be at high risk of bias in the patient selection domain, three studies to be at high risk of bias in the index test domain and nine studies to be at high risk of bias regarding flow and timing. We assessed most studies as being applicable to the review question though we had concerns about selection of participants in six studies and target condition in one study.

The accuracy of the MMSE for diagnosing dementia was reported at 18 cut points in the community (MMSE score 10, 14-30 inclusive) and 10 cut points in primary care (MMSE score 17-26 inclusive). The total number of participants in studies included in the meta-analyses ranged from 37 to 2727, median 314 (interquartile range (IQR) 160 to 647). In the community, the pooled accuracy at a cut point of 24 (15 studies) was sensitivity 0.85 (95% confidence interval (CI) 0.74 to 0.92), specificity 0.90 (95% CI 0.82 to 0.95); at a cut point of 25 (10 studies), sensitivity 0.87 (95% CI 0.78 to 0.93),

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by Sam T Creavin, Susanna Wisniewski, Anna H Noel-Storr, Clare M Trevelyn, Thomas Hampton, Dane Rayment, Victoria M Thom, Kirsty J E Nash, Hosam Elhamoui, Rowena Milligan, Anish S Patel, Demitra V Tsivos, Tracey Wing, Emma Philips, Sophie M Kellman, Hannah L Shackleton, Georgina F Singleton, Bethany E Neale, Martha E Watton, Sarah Cullum (January 2016)

specificity 0.82 (95% CI 0.65 to 0.92); and in seven studies that adjusted accuracy estimates for level of education, sensitivity 0.97 (95% CI 0.83 to 1.00), specificity 0.70 (95% CI 0.50 to 0.85). There was insufficient data to evaluate the accuracy of the MMSE for diagnosing dementia subtypes. We could not estimate summary diagnostic accuracy in primary care due to insufficient data.

Authors' conclusions

The MMSE contributes to a diagnosis of dementia in low prevalence settings, but should not be used in isolation to confirm or exclude disease. We recommend that future work evaluates the diagnostic accuracy of tests in the context of the diagnostic pathway experienced by the patient and that investigators report how undergoing the MMSE changes patient-relevant outcomes.

Plain language summary

Mini-Mental State Examination (MMSE) for the detection of dementia in people aged over 65

The term 'dementia' covers a group of brain problems that cause gradual deterioration of brain function, thinking skills, and ability to perform everyday tasks (e.g. washing and dressing). People with dementia may also develop problems with their mental health (mood and emotions) and behaviour that are difficult for other people to manage or deal with. The process that causes dementia in the brain is often degenerative (due to brain damage over time). Subtypes of dementia include Alzheimer's disease dementia, vascular dementia, dementia with Lewy bodies and frontotemporal dementia. We aimed to assess the accuracy of the Mini-Mental State Examination (MMSE), which is commonly used as part of the process when considering a diagnosis of dementia, according to the definition in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The MMSE is a paper-based test with a maximum score of 30, with lower scores indicating more severe cognitive problems. The cut point established for the MMSE defines 'normal' cognitive function and is usually set at 24, although theoretically it could fall anywhere from 1 to 30. We searched a wide range of resources and found 24,310 unique citations (hits). We reviewed the full text of 317 academic papers and finally included 70 articles, referring to 48 studies in our review. We included community studies (by which we mean people living in the community who have) and primary care studies (by which we mean studies that had an office-based first contact care with a non specialist clinician - which would often be a GP).

Two of the studies had serious design weaknesses with regard to their methods for selecting participants, three with regard to the application of the test (MMSE), and nine with regard to the presentation of flow and timing. We were able to do a combined statistical analysis (meta-analysis) on 28 studies in the community setting (44 articles) and 6 studies in primary care (8 articles), but we could not extract usable data for the remaining 14 community studies. Two of the six studies in primary care were conducted in people who had symptoms of possible dementia. We were able to calculate the summary diagnostic accuracy of the MMSE at three cut points in community-based studies, but we didn't have enough data to do this in the primary care studies. A perfect test would have sensitivity (ability to identify anyone with dementia) of 1.0 (100%) and specificity (ability to identify people without dementia) of 1.0 (100%). For the MMSE, the summary accuracy at a cut point of 25 (10 studies) was sensitivity 0.87 and specificity 0.82. In seven studies that adjusted accuracy estimates for level of education, we found that the test had a sensitivity of 0.97 and specificity of 0.70. The summary accuracy at a cut point of 24 (15 studies) was sensitivity 0.85 and specificity 0.90. Based on these results, we would expect 85% of people without dementia to be correctly identified with the MMSE, while 15% would be wrongly classified as having dementia; 90% of those tested would be correctly identified as having dementia whilst 10% would be false positives and might not be referred for further testing.

Link to review: <http://onlinelibrary.wiley.com/enhanced/doi/10.1002/14651858.CD011145.pub2>

Advocacy Interventions to Reduce or Eliminate Violence and Promote the Physical and Psychosocial Wellbeing of Women Who Experience Intimate Partner Abuse: A Systematic Review

by Carol Rivas, Jean Ramsay, Laura Sadowski, Leslie Davidson, Danielle Dunne, Sandra Eldridge, Kelsey Hegarty, Angela Taft, Gene Feder (January 2016)



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BACKGROUND

Intimate partner abuse is common worldwide, damaging the short- and long-term physical, mental, and emotional health of survivors and children. Advocacy may contribute to reducing abuse, empowering women to improve their situation by providing informal counselling and support for safety planning and increasing access to different services. Advocacy may be a stand-alone service, accepting referrals from healthcare providers, or part of a multi-component (and possibly multi-agency) intervention provided by service staff or others.

OBJECTIVES

To assess the effects of advocacy interventions within or outside healthcare settings in women who have experienced intimate partner abuse.

SEARCH METHODS

In April 2015, we searched CENTRAL, Ovid MEDLINE, EMBASE, and 10 other databases. We also searched WHO ICTRP, mRCT, and UK Clinical Research Network (UKCRN), and examined relevant websites and reference lists with forward citation tracking of included studies. For the original review we hand-searched six key journals. We also contacted first authors of eligible papers and experts in the field.

SELECTION CRITERIA

Randomised or quasi-randomised controlled trials comparing advocacy interventions for women with experience of intimate partner abuse versus no intervention or usual care (if advocacy was minimal and fewer than 20% of women received it).

DATA COLLECTION AND ANALYSIS

Two review authors independently assessed risk of bias and undertook data extraction. We contacted authors for missing information needed to calculate statistics for the review and looked for adverse events.

MAIN RESULTS

We included 13 trials involving 2141 participants aged 15 to 65 years, frequently having low socioeconomic status. The studies were quite heterogeneous in terms of methodology, study processes and design, including with regard to the duration of follow-up (post-intervention to three years), although this was not associated with differences in effect. The studies also had considerable clinical heterogeneity in relation to staff delivering advocacy; setting (community, shelter, antenatal, healthcare); advocacy intensity (from 30 minutes to 80 hours); and abuse severity. Three trials evaluated advocacy within multi-component interventions. Eleven measured some form of abuse (eight scales), six assessed quality of life (three scales), and six measured depression (three scales). Countries and ethnic groups varied (one or more minority ethnic groups in the USA or UK, and local populations in Hong Kong and Peru). Setting was associated with intensity and duration of advocacy. Risk of bias was high in five studies, moderate in five, and low in three. The quality of evidence (considering multiple factors such as risk of bias, study size, missing data) was moderate to low for brief advocacy and very low for intensive advocacy.

INCIDENCE OF ABUSE

Physical abuse

Moderate quality pooled data from two healthcare studies (moderate risk of bias)@PracticeLinks and one community study (low risk of bias), all with 12-month follow-up data, showed no effect on physical abuse for brief (< 12 hours) advocacy interventions (standardised mean difference (SMD) 0.00, 95% confidence

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interval (CI) - 0.17 to 0.16; n = 558). One antenatal study (low risk of bias) showed an association between brief advocacy and reduced minor physical abuse at one year (mean difference (MD) change - 1.00, 95% CI - 1.82 to - 0.18; n = 110). An antenatal, multi-component study showed a greater likelihood of physical abuse ending (odds ratio (OR) 0.42, 95% CI 0.23 to 0.75) immediately after advocacy (number needed to treat (NNT) = 8); we cannot exclude impact from other components.

Low to very low quality evidence from two intensive advocacy trials (12 hours plus duration) showed reduced severe physical abuse in women leaving a shelter at 24 months (OR 0.39, 95% CI 0.20 to 0.77; NNT = 8), but not at 12 or 36 months.

Sexual abuse

Meta-analysis of two studies (n = 239) showed no effect of advocacy on sexual abuse (SMD - 0.12, 95% CI - 0.37 to 0.14), agreeing with the change score (MD - 0.07, 95% CI - 0.30 to 0.16) from a third study and the OR (0.96, 95% CI 0.44 to 2.12) from a fourth antenatal, multi-component study.

Emotional abuse

One study in antenatal care, rated at low risk of bias, showed reduced emotional abuse at ≤ 12-month follow-up (MD (change score) - 4.24, 95% CI - 6.42 to - 2.06; n = 110).

Psychosocial health

Quality of life

Meta-analysis of two studies (high risk of bias) showed intensive advocacy slightly improved overall quality of life of women recruited from shelters (MD 0.23, 95% CI 0.00 to 0.46; n = 343) at 12-month follow-up, with greater improvement in perceived physical quality of life from a primary care study (high risk of bias; MD 4.90, 95% CI 0.98 to 8.82) immediately post-intervention.

Depression

Meta-analysis of two studies in healthcare settings, one at high risk of bias and one at moderate risk, showed that fewer women developed depression (OR 0.31, 95% CI 0.15 to 0.65; n = 149; NNT = 4) with brief advocacy. One study at high risk of bias reported a slight reduction in depression in pregnant women immediately after the intervention (OR 0.51, 95% CI 0.20 to 1.29; n = 103; NNT = 8).

There was no evidence that intensive advocacy reduced depression at ≤ 12-month follow-up (MD - 0.14, 95% CI - 0.33 to 0.05; 3 studies; n = 446) or at two years (SMD - 0.12, 95% CI - 0.36 to 0.12; 1 study; n = 265).

Adverse effects

Two women died, one who was murdered by her partner and one who committed suicide. No evidence links either death to study participation.

AUTHORS' CONCLUSIONS

Results suggest some benefits from advocacy. However, most studies were underpowered. Clinical and methodological heterogeneity largely precluded pooling of trials. Therefore, there is uncertainty about the magnitude of benefit, the impact of abuse severity, and the setting.

Based on the evidence reviewed, intensive advocacy may improve short-term quality of life and reduce physical abuse one to two years after the intervention for women recruited from domestic violence shelters or refuges. Brief advocacy may provide small short-term mental health benefits and reduce abuse, particularly in pregnant women and for less severe abuse.

Practice signposts: data sources to support practice



Campbell Collaboration

The Campbell Collaboration (C2) helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare. Access to the database in the Republic of Ireland is free as the government of Ireland has purchased a license. <http://www.campbellcollaboration.org/>

Cochrane Collaboration

The Cochrane Collaboration, established in 1993, is an international network of more than 28,000 dedicated people from over 100 countries. We work together to help health care providers, policy makers, patients, their advocates and carers, make well-informed decisions about health care, based on the best available research evidence, by preparing, updating and promoting the accessibility of [Cochrane Reviews](#). Our work is internationally recognised as the benchmark for high quality information about the [effectiveness](#) of health care. <http://www.cochrane.org/>

Practice signposts are permanent pages that will appear in every edition of *Practice Links*. The aim of these pages is to provide signposts to high quality, research-informed databases. Some of the databases at a quick glance may seem too medical/health orientated, but also contain great resources to support social work and social care practice also.

National Institute for Health and Clinical Excellence (NICE) - NHS UK

The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. <http://www.nice.org.uk/> . Videocasts: <http://www.nice.org.uk/newsroom/videocasts/videocasts.jsp>. Podcasts: <http://www.nice.org.uk/newsroom/podcasts/index.jsp>

Health Intelligence Unit (HSE)

Health Intelligence is part of the Quality and Clinical Care Directorate within the Health Service Executive and is responsible for capturing and utilising knowledge to support decision-making to improve the health of the population. Website has links to HSE research, databases, facts (census etc.), publications and using evidence effectively. <http://www.hse.ie/eng/about/Who/PopulationHealth/HealthIntelligence/>

Evidence in Health and Social Care (NHS)

NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE). <http://www.evidence.nhs.uk/>

National Documentation Centre on Drug Use

The National Documentation Centre on Drug Use (NDC) is an information resource that supports researchers, policy makers, educators and practitioners working to develop the knowledge base around drug, alcohol and tobacco use in Ireland. The NDC is funded by the Department of Health, and based within the Health Research Board, which is the lead agency in Ireland supporting and funding health research.

<http://www.drugsandalcohol.ie/>

Drugs.ie

Drugs.ie is an independent website managed by [The Ana Liffey Drug Project](#). Drugs.ie's mission is to help individuals, families and communities prevent and/or address problems arising from drug and alcohol use.

<http://www.drugs.ie/>

Practice signposts: data sources to support practice



Social Care Institute for Excellence (SCIE)

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are an independent charity working with adults, families and children's social care and social work services across the UK. We also work closely with related services such as health care and housing. We gather and analyse knowledge about what works and translate that knowledge into practical resources, learning materials and services. Our work helps to improve the knowledge and skills of those working in care services. This includes managers, frontline staff, commissioners and trainers. People and their families who use these services also use our resources. All of our work is developed in collaboration with experts - including people who use care services and their carers. <http://www.scie.org.uk/>

Decision Map.ie

DecisionMap.ie, the new online decision-support tool developed by Ordnance Survey Ireland and Twelve Horses. DecisionMap, currently in beta test release, combines digital mapping from Ordnance Survey Ireland, with visualisation and web delivery tools developed by Twelve Horses, and statistical data provided by the Central Statistics Office and others. It aims to provide decision makers in the public and private sectors instant access to easily-consumable, spatially-referenced data about Ireland. <http://decisionmap.ie/>

Growing Up in Ireland

Growing Up in Ireland is a national study of children. It is the most significant of its kind ever to take place in this country and will help us to improve our understanding of all aspects of children and their development.

The study will take place over seven years and follow the progress of two groups of children; 8500 nine-year-olds and 11,000 nine-month-olds. During this time we will carry out two rounds of research with each group of children.

The main aim of the study is to paint a full picture of children in Ireland and how they are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services which will ensure all children will have the best possible start in life.

<http://www.growingup.ie/>

Irish Qualitative Data Archive

The Irish Qualitative Data Archive (IQDA) is a central access point for qualitative social science data and provides online access to all new qualitative data generated within the [Irish Social Science Platform](#), and to selected existing data. <http://www.iqda.ie/content/welcome-iqda>

North South Child Protection Hub

This hub available for use by child protection professionals (policy makers, practitioners, researchers and educators) in Northern Ireland and the Republic of Ireland.

The Hub brings together research, policy and practice guidance, inspection reports, serious case reviews, court judgements, news articles and other material relevant to child protection published in Northern Ireland and the Republic of Ireland together with material from Great Britain and other countries. Staff in the Health and Social Care Board and Trusts in Northern Ireland and in the Health Service Executive in the Republic of Ireland, will have access to the Hub but it will also be an important resource for all organisations concerned with child protection. <http://www.nscph.com/>

RIAN - Irish Open Access Research Archive (free)

RIAN is the outcome of a sectoral higher education project supported by the Irish Government's 'Strategic Innovation Fund'. Project planning was carried out by the seven Irish university libraries, [DCU](#), [NUIG](#), [NUIM](#), [TCD](#), [UCC](#), [UCD](#), [UL](#) and was supported by the [Irish Universities Association \(IUA\)](#). The project aim is to harvest to one portal the contents of the Institutional Repositories of the seven university libraries, in order to make Irish research material more freely accessible, and to increase the research profiles of individual researchers and their institutions. It is intended to extend the harvest to other Irish research institutions as RIAN develops.

<http://rian.ie/en>

@PracticeLinks

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Practice signposts: data sources to support practice



Resource on Marijuana

Marijuana LIT is a source of fact based information to assist professionals in providing accurate information to those affected by the use of cannabis. There are lots of confusing messages regarding the use of cannabis, the harm it causes and whether it should be legalised or not. This makes it difficult sometimes to determine facts from urban myth or popular opinion. The Addiction Technology Transfer Centre Network Co-ordinating Office in the United States has a user friendly package of resources to assist those who provide services to substance users. It has information and infographics on how cannabis affects the body, using cannabis while pregnant and the potential complications for unborn children and newborns and how cannabis impacts on young people and families. Dr. Thomas E. Freese explains in-depth what is meant by “Medical Marijuana Use”. Who uses it and why, and the difference between medical marijuana and Tetrahydrocannabinol (THC) medications. He also discusses the legal issues around the debate on the legal use of marijuana. <http://attcnetwork.org/marijuana/index.aspx#infographic>

HRB National Drugs Library

HRB NATIONAL DRUGS LIBRARY RESOURCE FOR SOCIAL WORKERS AND SOCIAL CARE WORKERS



The HRB National Drugs Library is an information resource that supports those working to develop the knowledge base around drug, alcohol and tobacco use in Ireland. The library is funded by the Department of Health, and based within the Health Research Board. We have a range of services and resources designed to provide the evidence needed for practice and CPD. In particular, see the social worker page on our online practitioner resource.

<http://www.drugsandalcohol.ie/>

You can view Irish and international research and policy material on legal and illegal drugs, alcohol and tobacco. Because these issues affect so many aspects of daily life, we also have publications on related subjects such as poverty, suicide, prisons, homelessness, social care, and health.

Every year we add hundreds of new articles and reports to our library collection. In order to help relieve information overload we have a number of summarised aids, such as Drugnet Ireland, NDC newsletter, and factsheets.

We recognise that those working in health and social care need access to research in a way that suits your busy work life. In order to facilitate this, the NDC librarians, with the wonderful help of advisors working in the social work and social care work areas, have developed a 'practitioner' resource. The homepage <http://www.drugsandalcohol.ie/practitioners> has links to a number of subject areas. The 'key Irish data' link and those on the bottom row are relevant to most workers. Clicking on a link will show you recent Irish and international articles and reports on that subject.

We have also developed pages for specific professions including social workers and social care workers. Each of these pages list key documents and have links to subjects of particular interest to that profession.

The resource includes a page called 'doing research' which has links to useful online tools providing help on finding and using information for research. We are interested in collecting and making available local Irish drug or alcohol research done by those working in the area. If you are doing any such research, even a small piece in their organisation, you can submit it to us.

We would like to express a special word of thanks to all of those who helped with the design of the resource. We welcome ongoing feedback with recommendations for key documents, subject areas and anything else workers would like to see in your resource.



CALL FOR RESEARCH PROJECTS

Are you a member of a community group,
voluntary organisation, resident's association,
NGO?

Do you need a small piece of research done,
but don't have enough money or resources to

What is this about?

Community-Academic Research Links (CARL) invites non-profit voluntary or community organisations to suggest potential research topics that are important to them and could be *collaboratively* worked on with students as part of their course work. CARL is an initiative in UCC and follows a 30-year European tradition with similar initiatives on-going in some of the highest ranked Universities in Europe. CARL has produced impressive and important pieces of research that have generated interest outside the university walls and the project reports have even had an impact at government policy level.

We are seeking expressions of interest from groups who have ideas for a research project and would like to collaborate on their research idea with a UCC student.

How does it work?

As part of their academic course, students undertake a minor dissertation (between 10,000-30,000 words). In past years, students designed their own study and then contacted groups for permission to collect data. These projects serve to develop the research skills of the students; however, the research may not always answer the needs of community and voluntary groups.

In the CARL model, the students undertake their studies, learn about research methods, data collection, ethics, literature reviews as usual; however, the major difference is that the research projects undertaken are explicitly *studies of issues identified by the community*. These are studies/research which the community identifies as important and need to be undertaken, but they cannot pay for it and/or do not have the expertise themselves to undertake the study at this time.

How long does this take?

The typical time-scale for projects would be a) proposals submitted by groups, b) review of proposals by the CARL advisory group (comprised of UCC staff, students and representatives from the community and voluntary sector) to see which proposals are sufficiently developed and feasible for a student to undertake, and c) students begin their research in May or October.

Projects must be small enough to be completed within the academic year, roughly 9-12 months. Large research projects which require longer than a year to complete may be broken up into one or more smaller one-year projects for multiple students.

Where can I get more information and read sample reports?

Please visit our website to watch brief videos about CARL, to find out what it is like to participate <http://www.ucc.ie/en/scishop/>, or to read past research project reports <http://www.ucc.ie/en/scishop/rr/>

Does it matter what the research topic is about?

Topics that are connected to any discipline at UCC are welcome (science, maths, engineering, social sciences, arts, humanities, business, law, etc.)

What if we have already completed a research project with CARL?

Community groups that are currently involved, or previously completed a project, are welcome to apply again.

We look forward to hearing from you!



Before you make contact ...

1. Is your proposed project small enough to be undertaken as part of a student project?
2. Does your group come under the definition of a not-for-profit community and voluntary group?
3. Do you have a clear idea for a research project that, if undertaken, will have a wider benefit to society?
4. Read some completed research reports on our website.
5. Groups that have funding should consider commissioning research, rather than applying to CARL.
6. Contact Anna to discuss your idea further and to receive a copy of the application form.
7. We are accepting proposals all year round.

CONTACT US

Anna Kingston a.kingston@ucc.ie /



Podcasts, videos and apps

'Critical Perspectives On And Beyond The Therapy Industry' – Keynote Webcasts

The 7th Annual Mental Health Conference, 'Critical Perspectives On And Beyond The Therapy Industry', presented a diverse range of speakers, from survivors to professionals, offering critical and creative perspectives on and beyond the dominant bio-medical approach. It took place last November and was organised by UCC's School of Applied Social Studies and the Catherine McAuley School of Nursing and Midwifery, in association with the Critical Voices Network Ireland.

The conference explored critical perspectives on:

- The value of talking therapies; The politics of the therapy industry; Talking therapies as another expert system; Other ways (beyond therapies) to support people in distress

Keynote presentations from psychologist David Pilgrim, experiential expert and social scientist Wilma Boevnik from The Netherlands and many more can be viewed at the following link:

[7th Annual Mental Health Conference – 11 & 12 November 2015](#)

Short Inspirational Videos

To simply reflect upon why you do what you, the following two short videos are worthy of a few minutes viewing.

1. Only one and a half-minutes long, 'The Power of Okay' is a poem from the Scottish 'See Me' campaign to end mental health discrimination.

<https://www.youtube.com/watch?v=CC4QzwlmhxQ&sns=em>

2. An excellent 3-minute video demonstrating the difference between sympathy & empathy. "The truth is, rarely can a response make something better. What makes something better is connection," explains Dr. Brené Brown.

[The difference between sympathy and empathy video](#)

Podcasts

The Social Work Podcast

With over 100 podcasts to date, the Social Work Podcast provides information on all things social work, including direct practice, research, policy and education. Despite being an American site, it is still highly relevant and informative for Irish social work practice.

There are two new podcasts since the last issue of Practice Links. Episode 100 focuses on the controversial topic of setting up private practice; it's worth listening to how Dr. Julie Hanks reconciles this issue together with other nuggets from her experience, such as how to build an engaged social media following.

In episode 101, Dr. Jeffrey Lacasse critiques the definition of mental illness, the empirical support for and reliability of most diagnoses, the politics associated with the DSM and the implications for social workers, who do a lot of the work but whose representation in the creation of the manual is virtually non-existent. It is an interesting contribution in the continuing debate over medicalisation v. holistic/recovery approaches to mental health issues.

[The Social Work Podcast](#)

Mobile apps

As we enter era of CORU and CPD, social workers are faced with challenges of how to access information/learning/evidence base links that is reliable and contemporary and CPD points.

Webber (2016) blog on social media, CPD and social work wrote CPD is not always about traditional training courses or academic peer reviewed research articles, the important thing is the impact of learning, not necessarily the way it is delivered.

Twitter is increasingly seen as one space where social workers can access a learning experience space that is interesting, current, flexible, challenging, collaborative and adaptive (Millar, 2015).

The Twitter account @swcpd2015 is aimed at Irish social workers in mental health. With over 900 followers across Irish, UK, America and Australia in mental health; it features daily updates from Twitter accounts that engage practitioners in discussions about their work and research relevant to mental health social work.



iMindMap

A creative, organisational software tool to create mind maps, brainstorm ideas and manage projects through to completion. The founder and CEO of iMindMap teamed up with inventor of Mind Mapping, Tony Buzan, to create this flexible software tool for computers and laptops, as well as apps for android and iOS devices.

[iMindMap website](#)

[iMindMap from iTunes App Store for iOS devices](#)

[iMindMap from GooglePlay for Android devices](#)

TED by TED Conferences

The entire inspirational TED Talks video library is available to download on your Android or iOS devices.

[TED from iTunes App Store for iOS devices](#)

[TED from GooglePlay for Android devices](#)

LinkedIn

LinkedIn is a social networking site that keeps you in touch with your professional world with news updates, group discussions and the latest opportunities in your field and has become a must have for those who like to stay a step ahead. There is a suite of LinkedIn apps to assist you with job seeking, skill building and staying informed. They are available for Android and iOS devices at the following link:

[LinkedIn Mobile Apps](#)

About Practice Links

Practice Links is a free e-publication for practitioners working in Irish social services, voluntary and non-governmental sectors. *Practice Links* was created to help practitioners in these areas to keep up-to-date with new publications, conferences and continuing professional development opportunities. *Practice Links* is published every other month in Adobe Acrobat (.pdf file). Distribution is by email, Twitter and on the *Practice Links* website <http://www.ucc.ie/en/appsoc/aboutus/activities/pl/>.

Submissions

Submission for publication should be received two weeks prior to the next publication date. Please forward submissions by email to k.burns@ucc.ie.

SWDU

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Practice Links

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